



**CERTIFICATE OF EXPRESS MAILING UNDER 37 C.F.R. § 1.10**

Atty. Docket No.: MO06009C1

Express Mail Mailing  
Label Number: EQ 181294781 US

Applicant: Ross et al.

Title: CUTTING BLADE ASSEMBLY FOR A MICROKERATOME

Date of Deposit: July 3, 2008

Serial No.: 10/672,730

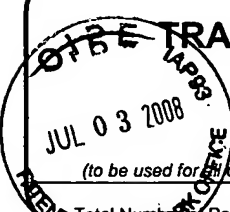
Filing Date: September 25, 2003

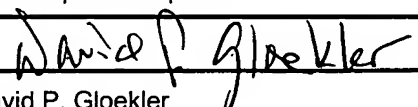
Type of Documents: Transmittal Form (PTO/SB/21 – 1 pg);  
Amendment Transmittal (3 pgs);  
Reply to Office Action Mailed January 8, 2008 (20 pgs);  
Two (2) Sheets of Replacement Drawings;  
Petition for Extension of Time (PTO/SB/22 – 1 pg);  
Credit Card Payment Form in the amount of \$525 (PTO-2038-1 pg); and  
Return Receipt Postcard

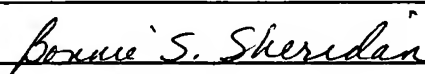
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Bonnie S. Sheridan

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 <b>TRANSMITTAL FORM</b> (to be used for correspondence after initial filing)	Application Number	10/672,730
	Filing Date	September 25, 2003
	First Named Inventor	Rod Ross
	Art Unit	3734
	Examiner Name	Nguyen, Vi X.
Total Number of Pages in This Submission	Attorney Docket Number	MO06009C1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Credit Card Payment Form - Return Postcard
Remarks Fees Are As Follows: - \$525 for Extension of Time		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	The Eclipse Group LLP	
Signature		
Printed name	David P. Gloekler	
Date	July 3, 2008	Reg. No. 41,037

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date shown below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
Signature		
Typed or printed name	Bonnie S. Sheridan	Date July 3, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Docket No.: MO06009C1  
Serial No.: 10/672,730

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT: Ross et al.

DOCKET NO.: MO06009C1

SERIAL NO.: 10/672,730

DATE FILED: September 25, 2003

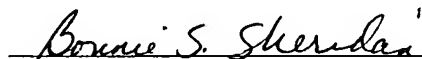
GROUP ART UNIT: 3734

CONFIRMATION NO.: 9438

EXAMINER: Nguyen, Vi X.

TITLE: CUTTING BLADE ASSEMBLY FOR A MICROKERATOME

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Bonnie S. Sheridan

July 3, 2008

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

Sir:

Transmitted herewith is an Amendment under 37 CFR § 1.112 for this application.

**STATUS**

Applicant is a small entity.

### EXTENSION OF TIME

The proceedings herein are for a patent application and the provisions of 37 CFR § 1.136 apply. A Petition for a 3-Month Extension of Time is hereby requested.

A fee of \$525.00 for a Three-Month Extension of Time is required.

### FEE FOR CLAIMS

The fee for claims (37 CFR § 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	Small Entity	
	Claims remaining after amendment		Highest no. previously paid for	Present extra	Rate	Additional fee
Total	34	minus	34	= 0	x \$25 =	\$0
Indep.	04	minus	04	= 0	x \$105 =	\$0
First presentation of multiple dependent claim					+ \$185 =	\$0
TOTAL ADDITIONAL FEE						\$0

\* If the entry in column 1 is less than the entry in Col. 2, enter "0" in Col. 3.

\*\* If the "Highest no. previously paid for" in Col. 2, Row 1 is less than 20, enter "20".

\*\*\* If the "Highest no. previously paid for" in Col. 2, Row 2 is less than 3, enter "3".

The "Highest no. previously paid for" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment of the number of claims originally filed.

No additional fee for claims is required.

Docket No.: MO06009C1  
Serial No.: 10/672,730

FEE DEFICIENCY

If any additional extension and/or fee is required, please charge Deposit Account No. 50-2542.

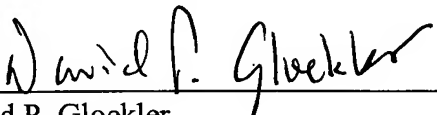
If any additional fee for claims is required, please charge Deposit Account No. 50-2542.

Respectfully submitted,

THE ECLIPSE GROUP LLP

Date: July 3, 2008

By:

  
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